Understanding the referral pathway from basic emergency obstetric and neonatal care to comprehensive emergency obstetric and neonatal care in humanitarian settings

Central African Republic (CAR)

Context

Despite a significant drop in global maternal mortality during the last two decades, more targeted efforts are required to improve maternal and neonatal health in the most affected regions, namely the countries beset by conflicts and fragility. Many of these deaths can be avoided thanks to treatment based on conclusive data for each woman and each newborn, and to the timely implementation of emergency procedures to treat obstetric and neonatal complications. The setting of emergency obstetric and neonatal care (EmONC) is based on signalling functions, classed in two levels of treatment: basic treatment (BEmONC) and complete treatment (CEmONC).

- **Maternal mortality rate:** 835 in 100,000 live births
- **Neonatal mortality rate:** 31.7 deaths in 1,000 children under five years [1]
- 40% of deliveries are assisted by **qualified medical staff** [2]
- Almost a third of deaths in women of child-bearing age **are due to pregnancy and childbirth**.[3]

> "What I want the service providers or the decision makers to know is that the women are suffering seriously……as far as transfers for obstetric and neonatal complications are concerned, so that they think about improving the conditions for easing the cases and that they send qualified staff into our health establishments."
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> *Client, Zémio*

In humanitarian contexts such as those in the CAR, the means of referral can be seriously disrupted due to the distance, the cost, problems of access, of insecurity or a myriad of other reasons that bring about a delay in access to CEmONC services or a refusal to be referred. In the CAR, little information is available on the efficacy of the current referral protocols, the impact of the system dynamics on the efficacy and the best way to improve them in order to better respond to the needs of the women, the girls and the newborns.

Research Objective: To examine practices and experiences on the subject of care throughout the process of guidance in BEmONC and CEmONC and to formulate recommendations to strengthen the guidance and improve the experiences regarding care for the clients, in particular those who are researching treatment for obstetric complications in the humanitarian context.

[1]Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023
[2]OCHA. Humanitarian Needs Overview, Central African Republic. 2024.
[3]UNICEF, State of the World's Children, Child Info and Demographic and Health Surveys, Central African Republic. World Bank, 2019.

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Methodology

- The study involved 11 medical establishments (3 CEmONC and 8 BEmONC) in three districts: Bocaranga-koui, Nana-Grébizi, Haut-Mbomou
- Semi-structured interviews with the aid of interview guides
  - Service providers: 21 BEmONC, 9 CEmONC
  - Women/girls who use the referral system: 38
  - Women/girls not using the referral system: 12
- Use of a Dictaphone and edited transcription
- Data analysis: Dedoose software and definition of thematic areas guided by the WHO framework for quality maternal and neonatal care.
- Data collection was carried out from November 2023 to February 2024

Results

The presentation of results follows the 4 main aspects of care quality.

1. Provision of care

Experiences/perceptions of the care providers of primary delay

It came up that certain pregnant women, in the first instance, take traditional remedies at home with the aim of wanting to give birth at home before going to a medical establishment, others are sequestered by traditional midwives and in certain cases the traditional healers are implicated in taking the decision to seek out treatment.

Experiences/perceptions of the women and girls referred of reasons/motivations for seeking out treatment

The study has revealed that at the community level the principal factors that motivate the seeking out of treatment at the centres are free care, geographic accessibility and security, the quality of the reception, the availability of medication, equipment and staff or a previous satisfactory experience.

Experiences/perceptions of the women and girls of involvement in the referral decision

Generally, the referred person is directly involved in the decision to refer. A continuous communication about her state of health, explaining to her the difficulties and the need for referral, is maintained between the treatment providers, her and/or her carers. Some cases came up where, as well as the referred person and her family members, the traditional healer was also directly involved in the decision to accept or refuse the referral.

Experiences/perceptions of the women and girls of the causes of refusal to be referred

It was revealed that in general refusal of referral is linked to the lack of financial means to pay for the transport and the stay at CEmONC, risks on the journey, the bad reception at the level of CEmONC, fear of having surgery. At the level of FoSa a community mechanism exists with a strong level of involvement of the local authorities allowing, in the case of refusal of referral, the patients to be persuaded to agree to the transfer.

Experiences/perceptions of the care providers of the communication between the 2 levels of care during the process of referral

It was revealed in the majority of cases there is not a single direct communication between the BEmONC and the CEmONC before, during and after the referral due to an absence of telephone network or a lack of means of communication in the healthcare establishment. And in this case only the use of referral/contra-referral forms or notes written in the patients' notes provide information on the referral. (For information: sadly, the contra-referral form is not generally returned to the original BEmONC establishment). In certain cases, the community representatives are urged to go to the CEmONC centre to follow-up the referred cases. Also, other FOSA follows up the referrals in the event of activities at the level of the health district (wider vaccination programme activities) and there are cases too where the responsible person at the BEmONC establishment uses their own means to get to the CEmONC and follow up the referred cases.

Experiences/perceptions of the care providers of the delay in access to the treatment establishment (secondary delay)

The principle causes of delay in getting access to the health establishment are the search for a means of transport, the event of covering the referral distance on foot through lack of money to pay for transport or through not having found any, the bad state of the roads, safety issues and the presence of armed groups on the road.

Experiences/perceptions of the care providers of the impact of safety issues on the referral

In risky situations if certain care providers refer despite the safety issues and negotiate the passage with armed men, in other cases because of the safety issues it is difficult to find a means of transport (motorcycle) and sometimes the motorcycle owner refuses for fear of losing his motorbike. Also, the many obstacles and illegal taxes came up, and their impact on the cost of transport. In certain cases it is the family of the referred person who refuses the referral because of the safety issues.

Experiences/perceptions of the care providers of the delay in treatment (tertiary delay)

Treatment, overall, was good, much more appreciated at the level of hospitals than in the centres. But the aspects of absence or permanent unavailability of qualified staff, shortage of medication or their sale at a raised price as well as staff negligence were the most cited.

2. Patient Experience

Experiences/perceptions of the women and girls referred on the perception of the quality of communication

On the perception of quality of communication it was found that, if certain participants appreciate the quality of communication, others criticise the bad communication of the care providers (insults, authoritative and condescending tone, shouting at the clients, verbal aggression) and their bad behaviour (humiliation of the clients, mistreatment).

If certain women have a good experience of the healthcare system because they have been welcomed well, have been referred in good conditions and treated free of charge by staff who are available and respectful in the administration of their care; the majority of those said to have a bad experience of the healthcare system due to the bad behaviour of the health providers (humiliation of the clients, mistreatment, verbal aggression, illegal confinement, extortion) insufficiency/shortage of medication, absence of free healthcare, negligence of healthcare staff, unadapted means of transport and lack of qualified staff.

3. Competent and Motivated Human Resources

Experiences/perceptions of care providers on the quality of care

If the care providers at the BEmONC level consider that generally care is of the quality at the CEmONC level except for some complaints about the cost of medication, the permanent non availability of the doctor, and the non-return of contra-referral forms, those of CEmONC are of the opinion that at the BEmONC level, in the majority of cases the care is of a bad quality because the providers at this level are not qualified, do not give the right diagnosis, delay the patients to sell their medication and do not administer medication during the transfer.

Experiences/perceptions of care providers on the latest continuing education

The latest continuing education for the majority of providers varies from less than a year to more than 4 years. And is focused in various ways on emergency obstetric and neonatal care, both basic and complete (BEmONC and CEmONC) and resuscitation care of the newborn. Those who have never pursued further training or specific briefing turn to their basic (academic) knowledge or to revision provided by their colleagues or supervisors to guarantee the management of obstetric and neonatal complications.

4. Available Essential Material Resources

Experiences/perceptions of women and girls on the quality of care during transport.

In general, there has not been care during referral because the means of transport in the majority of cases, by motorbike, by bike or on foot is not adapted for the continuity of care. In addition, referrals are not generally accompanied by care staff.

Experiences/perceptions of care providers on the function of the feedback loop

On the question of feedback it has been revealed that the BEmONC providers receive feedback through a member of the family of the referred patients or during a visit of the patient to the health centre or via the motorbike taxi having guaranteed the referral.

In a few cases the patients return to BEmONC with the contra-referral form. Occasionally the BEmONC agents leave from time to time to retrieve the contra-referral forms from CEmONC. There are also cases where the information reaches them via the local radio especially when the referred patient dies.

Experiences/perceptions of care providers on the referral audit

On the question of referral audits, it appears that while certain FoSa make an effort to carry out an analysis/ revue of the referral process using registers, medical notes and where necessary referral and contra referral forms or during supervisory visits of the health district, many do not do it due to a lack of guidance documents.

> “I suffered greatly from the transport system during the journey, even at the top level where I lost my baby because we were delayed on the journey due to the bike.”
>
> *Client, Zémio*

Positive conclusions

- This study benefited from strong support, in particular on the part of the healthcare providers
- It was important for certain women and young girls to discuss the difficulties that they encounter in accessing healthcare and to formulate recommendations
- The existence of a community mechanism with a strong local authority involvement allowed the patients to be convinced of sticking to the referral in the case of refusal
- The advantages offered in certain BEmONC establishments supported by humanitarian organisations: taking care of transport costs for the referral, delivery kits etc. motivates the populations to take care of themselves in these healthcare establishments and to respect the process of referral

Negative conclusions

- The lack of management of the referral protocol seems to be the main cause of delays in guidance
- The risks, the unavailability of means of transport, the bad state of the roads, the cost of transport and the cost of care in the CEmONC structures are the major obstacles to the referral of patients
- The feedback loop between the BEmONC and CEmONC facilities is deficient
- No guidance documents exist for the referral audits
- The results show a bad reception, bad treatments, illegal confinements, extortion and bad behaviour of the healthcare providers with respect to the patients
- Insufficient means of communication and transport for the management of referrals
- Insufficient medication, material and equipment in the healthcare establishments to ensure free care for pregnant women, nursing mothers and newborns

Main recommendations

These recommendations are based on the results of the study, validated by the technical steering committee for research and studies under the leadership of the Ministry of Health and Population and reach the government, their technical partners and backers and other stakeholders in maternal and neonatal health.

1. To apply the free measures aimed at FEFA and newborns including referral and contra-referral
2. To make functional the systematic feedback mechanism at the level of the BEmONC/ CEmONC establishments
3. To strengthen the governance and the leadership of the health districts for the management of procurement of medication
4. To train the care providers to respect the dignity of the patients during their care
5. To establish a pool of EmONC trainers/mentors/ tutors at the regional level and to regularly train the health workers in EmONC
6. To decentralise the training of qualified staff by region/ health training schools in the regions
7. To establish and/or popularise the guidance documents before guiding the referral revue
8. To provide the healthcare establishments with means of communication (mobile phone/satellite phones + communication credit, HF radio) for the management of referrals
9. To provide the healthcare establishments with means of transport to ease the management of referrals
10. To refurbish and equip the delivery suites and provide them with kits
11. To negotiate humanitarian access for referral cases in risky situations (armed conflicts)
12. To invest in the community based interventions: detection, respect of visits, follow-up
13. To create a perinatal resource in each health district with a referral pathway between the midwives, the traditional healers and the healthcare structures
14. To build/renovate the roads between the different levels of care to facilitate access to the healthcare establishments.